



**North Carolina Department of Environment and Natural Resources
Division of Water Resources**

Pat McCrory
Governor

Thomas A. Reeder
Director

John E. Skvarla, III
Secretary

NOTICE OF RENEWAL INTENT

[Required by [15A NCAC 02H .0127\(d\)](#)]; [term definition see [15A NCAC 02H .0103\(19\)](#)]

Application for renewal of existing coverage under [General Permit](#) NCG500000

Existing [Certificate of Coverage](#) (CoC): NCG500 _____

(Please print or type)

1) Mailing address of facility owner/operator: *(address to which all correspondence should be mailed)*

Company Name _____
Owner Name _____
Street Address _____
City _____ State _____ ZIP Code _____
Telephone # _____ Fax # _____
Email Address _____

2) Location of facility producing discharge:

Facility Name _____
Facility Contact _____
Street Address _____
City _____ State _____ ZIP Code _____
County _____
Telephone # _____ Fax # _____
Email Address _____

3) Description of Discharge:

a) Is the discharge directly to the receiving stream?

Yes

No – Please submit a site map with the pathway to the potential receiving waters clearly marked. This includes tracing the pathway of the storm sewer to the discharge point, if the storm sewer is the only viable means of discharge.

b) Number of discharge outfalls (*ditches, pipes, channels, etc. that convey wastewater from the property*):

c) What type of wastewater is discharged? Indicate which discharge points, if more than one.

- Non-contact cooling water Outfall(s) #: _____
- Boiler Blowdown Outfall (s) #: _____
- Cooling Tower Blowdown Outfall (s) #: _____
- Condensate Outfall (s) #: _____
- Other Outfall (s) #: _____

(Please describe "Other") _____

d) Volume of discharge per each discharge point (GPD –Gallons Per Day):

#001: _____ GPD #002: _____ GPD #003: _____ GPD #004: _____ GPD

4) Please check the type of chemical[s] added to the wastewater for treatment, per each separate discharge point (if applicable, use separate sheet):

- Chlorine Biocides Corrosion inhibitors Algacide Other _____ None

If any box other than None is checked, a completed Biocide 101 Form and manufacturers' information on the additive must be submitted to the following address for approval:

NC DENR / DWR / Environmental Sciences Section
 Aquatic Toxicology Unit
 1621 Mail Service Center
 Raleigh, NC 27699-1621

5) Is there any type of treatment being provided to the wastewater before discharge? (i.e., retention ponds, settling ponds, etc.)

- Yes - Please include design specifics (i.e., design volume, retention time, surface area, etc.) with submittal package. Existing treatment facilities should be described in detail.
- No

6) Discharge Frequency:

- a) The discharge is: Continuous Intermittent Seasonal
 - i) If the discharge is intermittent, describe when the discharge will occur: _____
 - ii) If seasonal, check the month(s) the discharge occurs:
 - Jan Feb Mar. Apr May Jun Jul Aug. Sept. Oct. Nov. Dec.
- b) How many days per week is there a discharge? _____
- c) Please check the days discharge occurs: Sat. Sun. Mon. Tue. Wed. Thu. Fri.

Additional Application Requirements:

The following information must be included in duplicate [original + 1 copy] with this application or it will be returned as incomplete.

- **Site map.** If the discharge is not directly to a stream, the pathway to the receiving stream must be clearly indicated. This includes tracing the pathway of a storm sewer to its discharge point.
- **Authorization for representatives.** If this application will be submitted by a consulting engineer (or engineering firm), include documentation from the Permittee showing that the consultant submitting the application has been designated an Authorized Representative of the applicant, per [15A NCAC 02H .0138\(b\)\(1\)](#).

CERTIFICATION

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing: _____

Title: _____

(Please review [15A NCAC 02H .0106\(e\)](#) for authorized signing officials)

(Signature of Applicant)

(Date Signed)

North Carolina General Statute [§ 143-215.6B](#) provides that:

Any person who knowingly makes any false statement representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the Commission implementing this Article, shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars (\$10,000). [18 U.S.C. Section 1001](#) provides a punishment by a fine or imprisonment not more than 5 years, or both, for a similar offense.



This Notice of Renewal Intent does NOT require a separate fee.
The permitted facility already pays an annual fee for coverage under NCG500000.



Mail the original and one copy of the entire package to:

NC DENR / DWR / Water Permitting Section
1617 Mail Service Center
Raleigh, North Carolina 27699-1617
Attn: Charles Weaver